



REACH Healthcare Foundation

Close the Coverage Gap: Immigrants and Refugees

REQUEST FOR PROPOSALS

Background

The [REACH Healthcare Foundation](#) has adopted a [Theory of Change](#) to guide our investments from 2016-2020. The Board of Directors of REACH has identified three priority Outcome Investment areas: *Enroll All Eligible, Close the Coverage Gap and Strong Safety Net.*

The staff of the REACH Foundation is charged with implementing evidence-based strategies to support the Board's desired long-term impact of achieving health equity by reducing barriers to coverage and care. Furthermore, the foundation has identified targets to monitor and guide our community investment decisions: 1) Reduce the percentage of uninsured in the foundation's service area from 11% in 2014 to less than 5% by 2020; and 2) Increase the number of consumers served by the health care safety net in the foundation's service area from 185,000 in 2014 to 220,000 by 2020.

The aim of the REACH Healthcare Foundation's *Close the Coverage Gap* Outcome Investment area is to close the coverage gap through expanded eligibility and/or availability of Medicaid and other publicly funded insurance options. To that end, the foundation is investing in several strategies.

This Request for Proposals (RFP) is to support the *Close the Coverage Gap* strategy: “Partnerships to identify, research, test and create new coverage and care opportunities for those who remain uninsured or underinsured.” For this RFP, the Foundation is particularly focused on strategies that address health coverage barriers among citizen and non-citizen immigrants and refugees who reside and/or work in our 6-county geographic service area.

For 2018, REACH will invest in efforts to replicate promising community, state-based and national systems-level strategies to provide affordable health coverage to immigrants and refugees in the REACH service area. Education and awareness campaigns, legal assistance, interpreter services, and research and analysis specifically targeted at reducing those barriers also will be considered.

The foundation will award grants to organizations that have a **history of service to, and deep experience with, immigrant and refugee populations in our service area**, and those organizations that are seeking more authentic and culturally appropriate interactions with those populations.

Since 2004, the REACH Healthcare Foundation has invested in efforts to reduce the number of uninsured persons in our service area. Beginning in 2010, we have invested in policy and programmatic efforts to support the implementation of the Affordable Care Act (ACA). Despite repeated efforts to dismantle the ACA, it has resulted in significant reductions in the nation's uninsured rate. However, given that non-

citizen immigrants are ineligible for coverage under the ACA, and refugees' access to the health insurance marketplace is time-limited, a significant portion of our communities remain uninsured and lack access to even the most basic of preventative services.

In October 2016, the REACH Foundation collaborated with the Hispanic Development Fund on a report by the Migration Policy Institute titled [*Immigration to the Heartland: A Profile of Immigrants in the Kansas City Region*](#). Findings included that the Kansas City metropolitan area was home to an estimated 135,000 immigrants as of 2015, representing 7 percent of the region's total population. The immigrant population in the region grew by more than 300 percent between 1990 and 2015, while the total metropolitan area population grew by 40 percent. Furthermore, immigration accounted for approximately one-sixth of the area's total population growth (100,000 out of 600,000 people) since 1990. The immigrant share of our region's population is about half of the national average of 13 percent.

The region's immigrant population is concentrated in Jackson and Johnson, with 70% of immigrants living in those two counties. Another 18% reside in Wyandotte County and 12% live north of the Missouri River in Clay and Platte counties. It also showed that the majority of immigrant residents are here lawfully and are diverse. After Mexico (33%), the four largest source countries are China, India, Vietnam and the Philippines.

In January 2017, REACH released a report titled [*Immigrant Health Report: Barriers to Health Care for Immigrant and Refugee Populations*](#) to provide a qualitative look into specific barriers and challenges faced by immigrants and refugees, and highlight recommendations on how to improve health insurance coverage and access. The report surfaced common themes, including feelings of rejection and hopelessness when one has a medical issue but cannot receive treatment; the fear and lack of understanding of the U.S. health system; the willingness and desire by immigrants and refugees to pay a fair price for services and the need for more payment options; and the devastating consequences to health when chronic diseases go untreated.

During the summers of 2017 and 2018, REACH and our community partners hosted a series of community convenings on a range of issues facing immigrants and refugees, including legal status, mental health considerations and impact of trauma, accessing safety net services, and impact of current federal and state policies. These sessions revealed a strong desire by the community to learn more and to identify and share resources to better serve this historically underserved population.

In 2018, REACH awarded a grant to Vibrant Health to help establish a new learning and action network called [*Communities Concerned for Immigrants and Refugees \(CCIR\)*](#). This network is intended to identify new strategies and resources to strengthen the health and well-being of immigrants and refugees residing and working in our region.

Barriers

In developing a proposal for this RFP, it is important to consider and reflect on the barriers that exist for immigrants and refugees to obtain and effectively use health insurance and the healthcare system.

Among those frequently cited by immigrants and refugees, and appearing in literature:

- Affordability and availability of health insurance coverage options and health care services
- Language barriers
- Documentation requirements
- Lack of cultural competency, diversity and inclusive practices
- Higher rates of employment in jobs with no benefits
- Fear and perceived lack of physical or emotional safety
- Availability and quality of interpreter services
- Lack of understanding of the immigrant experience and resulting trauma
- Relatively low enrollment by eligible individuals in coverage options and programs due to literacy issues, complexity of applications and lack of navigation assistance
- Lack of culturally appropriate navigators and care connectors

Immigrants and refugees may have limited information or experience with Medicaid, private insurance and other public benefits, and are unfamiliar with the terminology, the requirements for, and the appropriate use of, such benefits. Studies of immigrant and migrant populations suggest that fear of deportation continues to be associated with applying for and receiving public health benefits and even private insurance when it is made available to them.

Applicants to the *Close the Coverage Gap: Immigrants and Refugees* are strongly encouraged to consult with the following resources prior to application, as this work is consistent with the Foundation's perspective on barriers for immigrants and refugees.

The Henry J. Kaiser Family Foundation Issue Brief [Health Coverage for Immigrants](#)

National Immigration Law Center Issue Brief [The Consequences of Being Uninsured](#)

Migration Policy Institute Report [Health Care for Immigrant Families: Current Policies and Issues](#)

Successful Proposals

For this RFP, applicant organizations must demonstrate a significant proportion of their service users reside in the foundation's [6-county service area](#) or will benefit from the Foundation's investment through policy change. Non-profit organizations, statewide non-profit advocacy organizations, non-profit legal service providers, local units of government and educational institutions are eligible to apply.

Applicants must outline a specific plan for supporting immigrants and refugees in accessing health coverage.

Proposals may include, but are not limited to, requests to support the following activities:

- Public awareness campaigns;
- Education and technical assistance programs geared toward improving access to coverage;

- Training for providers and staff to improve their ability to work effectively with immigrant and refugee consumers to assist with coverage needs;
- Research and analysis of alternative approaches to coverage beyond traditional private and publicly funded health insurance options;
- Policy research, analysis and activities aimed at educating policymakers to better support the needs of immigrants and refugees living in Kansas and Missouri;
- Research and feasibility studies of other innovative approaches to reducing barriers and increasing health coverage for immigrants and refugees such as local identification programs or monthly payment programs for primary care.
- Increasing number and availability of culturally respectful and responsive school-based liaisons;
- Legal technical assistance and guidance on accessing coverage and benefits;
- Satellite and community-based welcoming centers to serve as information and assistance hubs for immigrants and refugees;
- Citizenship, ESL and other programs that promote engagement and integration of newcomers into the region.

Grantee Expectations

Selected grantees will be expected to:

1. Have adequate capacity to track project-related activities, outputs and outcomes.
2. Outline a process for engaging immigrant and refugee consumers in the proposed project and using their feedback for learning and quality improvement.

The REACH Foundation places a high priority on organizational capacity and effective nonprofit governance and management infrastructure. However, we recognize that small, new and emerging organizations may not have all of the documents or processes in place listed below. REACH staff members are available to provide examples, resources and technical assistance to organizations upon request. Prior to awarding grants, these items may be requested so that our staff can better assess organizational capacity to carry out proposed activities and determine if additional resources are needed to maximize project success.

These documents may include, but are not limited to:

- a. Current **Articles of Incorporation** on file with Secretary of State
- b. Current **Certificate of Good Standing** on file with Secretary of State
- c. Current **By-laws**, dated and signed by the corporate secretary, and reflecting board structure, number, composition and term limits
- d. Most recent **Audit, IRS Form 990 and Letter to Management**
- e. Certificate of **D&O Coverage** including coverage limits and covered parties
- f. Board-approved **Non-Discrimination Policy** that meets or exceeds that of REACH, and which applies to both employment and services
- g. Current **Organizational Chart** including all staff positions.
- h. List of **Board of Directors** names, addresses and professional affiliation
- i. Board-approved, dated **Conflict of Interest, Nepotism and Whistleblower Policies**

- j. Board-approved **Strategic Plan/Theory of Change/Logic Model** reflecting core mission and work of the organization
- k. Estimate of percentage of nonprofit corporation’s services that **focus on health**
- l. **Insurance and economic status of patients/clients** and how that information is captured and documented
- m. Name or description of **database/electronic medical record/other software** used to track patient/client demographics and outcomes
- n. Link to **website** if applicable

Grant Awards & Terms

Award Range = Up to \$50,000

Grant Term = Minimum of 12 months (beginning November 1, 2018) and maximum of two years (ending – October 31, 2019 or October 31, 2020)

Key Dates

Request for Proposals and Application issued	Wednesday, September 5, 2018
Proposal Deadline	Tuesday, October 2, 2018 by 4:00 p.m.
Grant Award Notifications	Thursday, October 18, 2018

Eligible Costs

- Personnel costs (salary and benefits up to 28%)
- Local mileage
- Professional development/training costs, including registration fees
- Marketing and communications
- Consulting Fees
- Indirect costs (up to 10% of total budget)

Application

Click on the link, below, to access the *Close the Coverage Gap: Immigrants and Refugees* application.

https://www.GrantRequest.com/SID_520?SA=SNA&FID=35077

For More Information

If you have questions pertaining to the RFP or the application process, contact REACH Healthcare Foundation program staff at (913) 432-4196 or grants@reachhealth.org.